



January 10, 2020

TO: Republican Members, Committee on Energy and Commerce

FROM: Committee Minority Staff

RE: Hearing entitled “A Public Health Emergency: State Efforts to Curb the Opioid Crisis”

The Subcommittee on Oversight and Investigations will hold a hearing on Wednesday, January 14, 2020, at 10:00 a.m. in 2123 Rayburn House Office Building entitled “A Public Health Emergency: State Efforts to Curb the Opioid Crisis.”

I. WITNESSES

- Nicole Alexander-Scott, MD, MPH, Director, Rhode Island Department of Health;
- Monica Bharel, MD, MPH, Commissioner, Massachusetts Department of Public Health;
- Kody H. Kinsley, Deputy Secretary for Behavioral Health & Intellectual and Developmental Disabilities, North Carolina Department of Health and Human Services;
- Christina R. Mullins, MA, Commissioner, Bureau for Behavioral Health, West Virginia Department of Health and Human Resources; and
- Jennifer Smith, Secretary, Pennsylvania Department of Drug and Alcohol Programs.

II. BACKGROUND

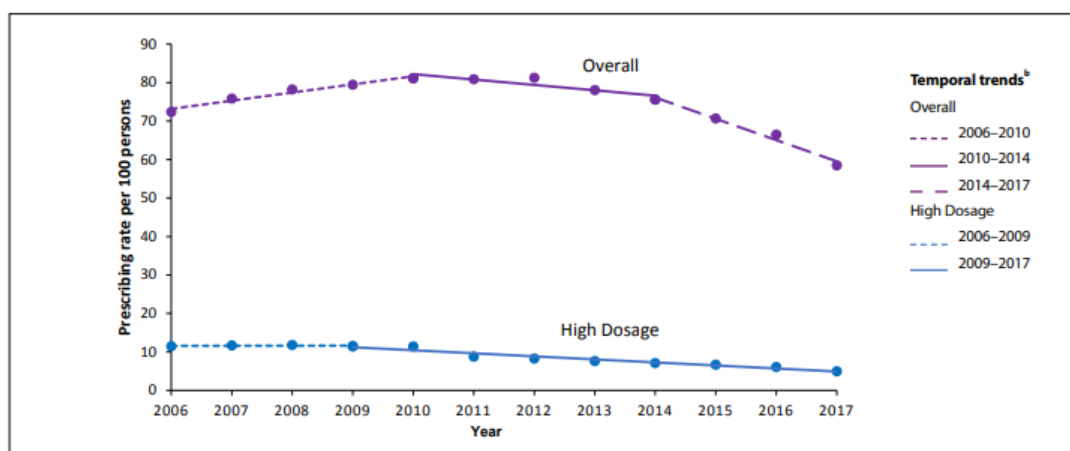
A. Opioid Epidemic

The Centers for Disease Control and Prevention (CDC) has identified three waves of the opioid epidemic in the United States—prescription opioids, heroin, and synthetic opioids, or fentanyl. In the United States, about 6.9 percent of all adults have used an opioid analgesic during the last 30 days.¹ Opioid prescribing rates peaked in 2012 with more than 255 million prescriptions written in that year. In 2016, the number decreased to slightly more than 214 million.²

¹ Kristen Kenan, Karin Mack, and Leonard Paulozzi, *Trends in prescriptions for oxycodone and other commonly used opioids in the United States, 2000-2010*, 6 Open Med.e41 (2012), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3659213/>.

² Centers for Disease Control and Prevention, U.S. prescribing rate maps. Opioid overdose (updated July 31, 2017), available at <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>.

*Annual opioid prescribing rates overall and for high-dosage prescriptions³ (\geq MME/day)⁴ –
United States, 2006-2017⁵*



Despite a decline in opioid prescribing rates since 2012, the United States continues to experience an opioid epidemic. On average, 130 Americans die every day from an opioid overdose.⁶ Between 1999 and 2017, more than 702,000 people died due to a drug overdose, and of those deaths, almost 400,000 people died from an overdose involving any opioid, including prescription and illicit opioids, and almost 218,000 died from an overdose related to prescription opioids.⁷ There were 70,237 drug overdose deaths in the United States in 2017 alone, and opioids—mainly synthetic opioids—are the main cause of drug overdose deaths.⁸ Opioids were involved in 47,600 overdose deaths in 2017, which accounted for 67.8 percent of all drug

³ High-dosage prescriptions were defined as opioid prescriptions resulting in a daily dosage of ≥ 90 morphine milligram equivalents.

⁴ Temporal trends from 2006 to 2017 were evaluated by applying joinpoint regression methodology. This modeling approach simultaneously identified statistically significant trends as well as shifts in trends that occurred within a time series. A Maximum of two joinpoints was allowed, and the permutation method was used for model selection. Different line dashes correspond to year groupings as determined by joinpoint regression.

⁵ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, *2018 Annual Surveillance Report of Drug-Related Risks and Outcomes, United States* at 70, available at <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>.

⁶ Centers for Disease Control and Prevention, Opioid Overdose, Understanding the Epidemic (last reviewed Dec. 19, 2018), available at <https://www.cdc.gov/drugoverdose/epidemic/index.html>.

⁷ Centers for Disease Control and Prevention, Opioid Overdose (last reviewed Oct. 18, 2019), available at <https://www.cdc.gov/drugoverdose/index.html>; Centers for Disease Control and Prevention, Opioid Overdose (last reviewed Dec. 19, 2018), available at <https://www.cdc.gov/drugoverdose/opioids/index.html>; Centers for Disease Control and Prevention, Opioid Overdose, Understanding the Epidemic, (last reviewed Dec. 19, 2018), available at <https://www.cdc.gov/drugoverdose/epidemic/index.html>.

⁸ Centers for Disease Control and Prevention, Opioid Overdose, Data, Drug Overdose Deaths (last reviewed June 27, 2019), available at <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.

overdose deaths.⁹ Of the overdose deaths from opioids, 36 percent involved prescription opioids.¹⁰

Certain states continue to experience high rates of opioid use and opioid-related overdose deaths. “In 2017, the states with the highest rates of death due to drug overdose were West Virginia (57.8 per 100,000), Ohio (46.3 per 100,000), Pennsylvania (44.3 per 100,000), the District of Columbia (44.0 per 100,000), and Kentucky (37.2 per 100,000).”¹¹ However, “[s]tates with statistically significant increases in drug overdose death rates from 2016 to 2017 included Alabama, Arizona, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, West Virginia, and Wisconsin.”¹²

B. Federal Efforts

Congress and federal agencies have taken significant actions to combat the opioid epidemic. Beginning in 2014, the Committee’s Subcommittee on Oversight and Investigations undertook a comprehensive examination into the root causes of the opioid epidemic and explored possible solutions to enable greater access to effective, evidence-based treatment for substance use disorders. As a result, the Committee has championed key pieces of legislation that are helping combat the epidemic. Below are several examples of the Committee’s key oversight and legislation on the opioid epidemic:

Oversight:

Opioid Epidemic

In April 2014, the Committee held hearings on the urgent public health crisis of the growing prescription drug and heroin use rates across the United States. Officials from the Office of National Drug Control Policy, CDC, the National Institute on Drug Abuse, the Substance Abuse and Mental Health Services Administration, and U.S. Drug Enforcement Administration (DEA) testified before the Committee to provide insight into the epidemic.¹³

In 2015, the Committee held a series of hearings with federal, state, and local officials to discuss trends they were observing regarding the opioid epidemic, including the causes of the growing problem, how officials were addressing the epidemic at a state and local level, and how

⁹ *Id.*

¹⁰ Centers for Disease Control and Prevention, Opioid Overdose, Data Overview, Overview of the Drug Overdose Epidemic: Behind the Numbers (last reviewed Dec. 19, 2018), *available at* <https://www.cdc.gov/drugoverdose/data/index.html>.

¹¹ Centers for Disease Control and Prevention, Opioid Overdose, Drug Overdose Deaths (last reviewed June 27, 2019), *available at* <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.

¹² Centers for Disease Control and Prevention, Opioid Overdose, Drug Overdose Deaths (last reviewed June 27, 2019), *available at* <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.

¹³ H. Comm. on Energy & Comm. Hearing, *Examining the Growing Problems of Prescription Drug and Heroin Abuse* (Apr. 29, 2014), *available at* <https://republicans-energycommerce.house.gov/hearings/examining-growing-problems-prescription-drug-and-heroin-abuse/>.

Congress could improve federal public health response efforts to prevent and treat prescription drug and heroin use and abuse, among other issues.¹⁴

In 2017, the Subcommittee held a hearing with state officials from Maryland, Virginia, Rhode Island, and Kentucky. The hearing examined best practices to combat the opioid epidemic within these states, including state policies and responses showing evidence of effectiveness, where the federal government could assist with such responses, and any state policies that could help improve the federal response to this growing epidemic.¹⁵ The hearing was also an opportunity for the Committee to learn how some of the grant dollars administered in 2016, through the Comprehensive Addiction and Recovery Act and the 21st Century Cures Act, were being utilized.

The Rise of Fentanyl

In 2017, the Committee started to focus on fentanyl, holding a hearing with federal officials to examine the unique and emerging public health threat of fentanyl, a synthetic opioid that is 50 times more potent than heroin and 100 times more potent than morphine.¹⁶ As fentanyl has become the leading driver of drug overdose deaths in more states, the Committee has continued to examine the federal government's strategy to combat the fentanyl threat and how to strengthen the federal response to this crisis, holding a second hearing on the issue in 2019.

Patient Brokering and the Substance Use Disorder Treatment Industry

With an increased demand for treatment, and disturbing reports of a practice known as “patient brokering,” the Committee began conducting oversight to examine and expose patient broker schemes and other concerns of fraud and abuse in the treatment industry. Individuals who represented the treatment industry and state attorneys from Florida and Massachusetts testified before the Subcommittee on Oversight and Investigations in 2017 about the fraud and abuse they

¹⁴ H. Comm. on Energy & Comm. Hearing, *Examining the Growing Problems of Prescription Drug and Heroin Abuse: State and Local Perspectives* (Mar. 26, 2015), available at <https://republicans-energycommerce.house.gov/hearings/examining-growing-problems-prescription-drug-and-heroin-abuse-state-and/>; H. Comm. on Energy & Comm. Hearing, *Combating the Opioid Abuse Epidemic: Professional and Academic Perspectives* (Apr. 23, 2015), available at <https://republicans-energycommerce.house.gov/hearings/combating-opioid-abuse-epidemic-professional-and-academic-perspectives/>; H. Comm. on Energy & Comm. Hearing, *What is the Federal Government Doing to Combat the Opioid Abuse Epidemic?* (May 1, 2015), available at <https://republicans-energycommerce.house.gov/hearings/what-federal-government-doing-combat-opioid-abuse-epidemic/>; H. Comm. on Energy & Comm. Hearing, *What are the State Governments Doing to Combat the Opioid Abuse Epidemic?* (May 21, 2015), available at <https://republicans-energycommerce.house.gov/hearings/what-are-state-governments-doing-combat-opioid-abuse-epidemic/>.

¹⁵ H. Comm. on Energy & Comm. Hearing, *Combating the Opioid Crisis: Battles in the States* (July 12, 2017), available at <https://republicans-energycommerce.house.gov/hearings/combating-opioid-crisis-battles-states-2/>.

¹⁶ H. Comm. on Energy & Comm. Hearing, *Fentanyl: The Next Wave of the Opioid Crisis* (Mar. 21, 2017), available at <https://republicans-energycommerce.house.gov/hearings/fentanyl-next-wave-opioid-crisis-2/>.

were seeing in the substance use disorder treatment industry and what they were doing to combat these practices.¹⁷

In 2018, the Subcommittee continued its oversight of the treatment industry, examining the practices within the substance use disorder treatment industry, including the advertising, marketing, and quality of care.¹⁸ The Committee sent bipartisan letters to eight call aggregators requesting documents and information, and held a hearing in which individuals from treatment facilities, call centers, a doctor, and a representative from the National Association of Addiction Treatment Providers testified about the positive and negative practices that they were seeing in the industry.

In October 2019, Republican Leaders of the Committee released a Request for Information requesting information on various aspects of the substance use disorder treatment industry to build on the findings from the previous Congress.¹⁹

Opioid Distributors

In May 2017, the committee opened a bipartisan investigation into the distribution of prescription opioids by wholesale drug distributors, with a specific focus on distribution practices in West Virginia, and enforcement practices by the DEA during the opioid epidemic. Bipartisan Committee leaders probed the three largest drug distributors, two regional distributors, and the DEA with multiple letters requesting documents and information. In March 2018, the Subcommittee on Oversight and Investigations held a hearing with the then-Acting Administrator of the DEA to discuss the response of the DEA to the opioid crisis, including the detection and investigation of suspicious orders of opioids, and DEA's enforcement approach to the opioid epidemic.²⁰

In May 2018, the Subcommittee held a second hearing examining concerns about distribution and diversion.²¹ CEOs or other similar leaders from Cardinal Health, AmerisourceBergen, McKesson, Miami-Luken, and H.D. Smith testified. The hearing examined

¹⁷ H. Comm. on Energy & Comm. Hearing, *Examining Concerns of Patient Brokering and Addiction Treatment Fraud* (Dec. 12, 2017), available at <https://republicans-energycommerce.house.gov/hearings/examining-concerns-patient-brokering-addiction-treatment-fraud/>.

¹⁸ H. Comm. on Energy & Comm. Hearing, *Examining Advertising and Marketing Practices within the Substance Use Treatment Industry* (July 24, 2018), available at <https://republicans-energycommerce.house.gov/hearings/examining-advertising-and-marketing-practices-within-the-substance-use-treatment-industry/>.

¹⁹ Republican Leader Greg Walden, et. al., Comm. on Energy & Comm., *Substance Use Disorder Treatment Request for Information* (Oct. 1, 2019), available at <https://republicans-energycommerce.house.gov/wp-content/uploads/2019/10/100119-RFI-on-SUD-treatment.pdf>.

²⁰ H. Comm. on Energy & Comm. Hearing, *The Drug Enforcement Administration's Role in Combating the Opioid Epidemic* (Mar. 20, 2018), available at <https://republicans-energycommerce.house.gov/hearings/drug-enforcement-administrations-role-combating-opioid-epidemic/>.

²¹ H. Comm. on Energy & Comm. Hearing, *Combating the Opioid Epidemic: Examining Concerns About Distribution and Diversion* (May 8, 2018), available at <https://republicans-energycommerce.house.gov/hearings/combating-the-opioid-epidemic-examining-concerns-about-distribution-and-diversion/>.

the policies and procedures wholesale distributors had in place to mitigate controlled substance diversion amid the opioid epidemic and whether such policies and procedures were followed; actions taken by wholesale distributors when made aware of possible diversion; and lessons wholesale distributors learned from past experiences that would enable them to safeguard against controlled substance diversion more effectively.

After a two-year investigation, Republican staff of the Committee released a report in December 2018, detailing its findings and recommendations as a result of the investigation.²² In October 2019, Republican Leaders of the Committee wrote to three of the opioid distributors that were part of the Committee's investigation and the DEA, requesting information about actions taken in response to the recommendations made in the Committee's report.²³

Legislation:

CARA

The Committee championed and passed the Comprehensive Addiction and Recovery Act (CARA).²⁴ CARA was signed into law by President Obama on July 22, 2016, and addresses the full continuum of care from prevention to recovery support. The various provisions of the law address prevention and education; law enforcement and treatment; treatment and recovery; addiction and treatment services for women, families, and veterans; and incentives for state comprehensive initiatives to address prescription opioid abuse, among other things. CARA also authorized over \$181 million to respond to the opioid epidemic.²⁵

21st Century Cures Act

The Committee also led the creation of the 21st Century Cures Act (CURES), which President Obama signed into law on December 13, 2016.²⁶ CURES accelerates the discovery, development, and delivery of new cures and treatments. While the law is broader than combatting the opioid crisis, CURES also designated \$1 billion in grants for states over two years to fight the opioid epidemic.

SUPPORT Act

²² H. Comm. on Energy & Comm. Report, *Red Flags and Warning Signs Ignored: Opioid Distribution and Enforcement Concerns in West Virginia* (Dec. 19, 2018), available at <https://republicans-energycommerce.house.gov/wp-content/uploads/2018/12/Opioid-Distribution-Report-FinalREV.pdf>.

²³ Letter from H. Comm. on Energy & Comm. Republican Leader Greg Walden, et. al., to AmerisourceBergen, Cardinal Health, and McKesson Corporation (Oct. 10, 2019), available at <https://republicans-energycommerce.house.gov/news/letter/letter-to-opioid-distributors-on-report-recommendations/>.

²⁴ Pub. L. No. 114-198, Comprehensive Addiction and Recovery Act (CARA), available at <https://www.congress.gov/114/plaws/publ198/PLAW-114publ198.pdf>.

²⁵ Community Anti-Drug Coalitions of America, Comprehensive Addiction and Recovery Act (CARA), <https://www.cadca.org/comprehensive-addiction-and-recovery-act-cara>.

²⁶ Pub. L. No. 114-255, 21st Century Cures Act, available at <https://www.congress.gov/114/plaws/publ255/PLAW-114publ255.pdf>.

Building on years of work by the Subcommittees on Health and Oversight and Investigations, the Committee also led and passed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, which President Trump signed into law on October 24, 2018.²⁷ The SUPPORT Act reauthorized opioid-specific funding and expanded access to substance use disorder treatment and resources, increased opioid abuse and overdose prevention training, improved coordination of quality of care, and contained provisions to strengthen the U.S. Food and Drug Administration's (FDA) and law enforcement's ability to combat illicit opioids.

The SUPPORT Act includes many important provisions. For example, the Indexing Narcotics, Fentanyl, and Opioids (INFO) Act directs the U.S. Department of Health and Human Services (HHS) to create a public and easily accessible electronic dashboard linking to all of the nationwide efforts and strategies to combat the opioid crisis. In August 2019, Republican leaders of the Committee wrote to HHS regarding the implementation of the INFO Act.²⁸

Additional examples of provisions in the SUPPORT Act include a provision for the U.S. Government Accountability Office (GAO) to conduct a study on Medicaid coverage for pregnant and postpartum women with a substance use disorder, including opioid-use disorder (OUD). The SUPPORT Act also included a provision for GAO to study options to improve access to these services for children, including through telehealth in schools.²⁹ As a result, in October 2019, GAO released a report describing Medicaid coverage of OUD services for pregnant and postpartum women in selected states; Medicaid coverage of OUD services for children in selected states; and Medicaid coverage of OUD services delivered to children via telehealth in schools across all states, and what is known about utilization of these services.³⁰ Additionally, the SUPPORT Act includes a provision for HHS to issue guidance to improve care for postpartum women with substance use disorder by the Fall of 2019³¹ and another provision for HHS to issue guidance to states on Medicaid coverage of substance use disorder services delivered via telehealth, including in school-based health centers, by the Fall of 2019.³² Furthermore, Section 8122 of the SUPPORT Act made it illegal knowingly and willingly to pay or receive kickbacks in return for referring a patient to a recovery home or clinical treatment facility.³³ The provision also provides exceptions for legitimate referrals, including ensuring

²⁷ Pub. L. No. 115-271, Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (2018), *available at* <https://www.congress.gov/115/plaws/publ271/PLAW-115publ271.pdf>.

²⁸ Letter from H. Comm. on Energy & Comm. Republican Leader Greg Walden, et. al., to Dr. Brett P. Giroir, Asst. Sec. for Health, Senior Advisor to the Sec. for Opioid Policy, U.S. Department of Health and Human Services (Aug. 28, 2019), *available at* <https://republicans-energycommerce.house.gov/wp-content/uploads/2019/08/082819-Letter-to-HHS-on-SUPPORT-ACT.pdf>.

²⁹ Both provisions appear in a section of the SUPPORT Act entitled "Medicaid provisions to address the opioid crisis." Pub. L. No. 115-271, §§ 1005(b), 1009(c), 132 Stat. 3894, 3913, 3917 (2018).

³⁰ U.S. Government Accountability Office, "Medicaid: Opioid Use Disorder Services for Pregnant and Postpartum Women, and Children," GAO-20-40 (Oct. 2019), *available at* <https://www.gao.gov/assets/710/702290.pdf>.

³¹ Pub. L. No. 115-271, § 1005(a), 132 Stat. 3894 (2018).

³² Pub. L. No. 115-271, § 1009(b), 132 Stat. 3894 (2018).

³³ H.R. 6, SUPPORT for Patients and Communities Act, *The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, Section by Section*, *available at*

legitimate entities can continue to refer patients to reputable treatment providers, similar to those that are applicable in Medicare and Medicaid.

Additional Funding

In addition to the aforementioned pieces of legislation championed by the Energy and Commerce Committee, the Fiscal Year (FY) 2018 Omnibus provided more than \$3 billion to fight the opioid epidemic, including \$1 billion to states and tribes for treatment and prevention.³⁴ Further, the FY 2019 Defense, Labor, Health and Human Services, and Education appropriations package made additional substance use disorder treatment funding available, including \$1.5 billion through State Opioid Response (SOR) grants.³⁵ The FY 2020 funding package maintained the SOR funding at \$1.5 billion and made it allowable for the funding to be used to address stimulants.³⁶ Through various pieces of legislation and appropriations, there are as many as six different federal agencies providing funding to the states to help them combat the opioid crisis. Given the various funding streams, it is critical to ensure that there is adequate coordination and use of the funds that the federal government has designated to the states in order for them to combat the opioid epidemic and address state-specific needs.

C. State Efforts

On September 18, 2019, the Committee sent a bipartisan letter to a sample of 16 states requesting information about how the states are utilizing the federal opioid funds to combat the epidemic.³⁷ The letter requested information regarding how much money the states have received from the federal government to combat the opioid epidemic, how much of those funds have been utilized to date, how the money is being utilized, any challenges or barriers in distributing and utilizing the funds, how the money has helped make a difference in their state, and what the federal government can do to further assist the states in their continued effort to combat the ongoing opioid epidemic. The letter was sent to Florida, Indiana, Kentucky, Maine, Maryland, Massachusetts, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, West Virginia, and Wisconsin. Below are some of the key points from the responses of the five states who have been invited to testify at the Subcommittee's January 14, 2020 hearing.

i. Massachusetts

In 2015, Governor Charlie Baker appointed a 16-member working group tasked to identify ways to respond to the opioid epidemic. The working group held public meetings,

https://republicans-energycommerce.house.gov/wp-content/uploads/2018/09/HR6_09.28.18-Final-Opioid-Sec-by-Sec_BIPART-BICAM.pdf.

³⁴ Pub. L. No. 115-141, Consolidated Appropriations Act, 2018.

³⁵ Pub. L. No. 115-245, Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019.

³⁶ Pub. L. No. 116-94, Further Consolidated Appropriations Act, 2020.

³⁷ Letter from H. Comm. on Energy & Comm. Chairman Frank J. Pallone, Republican Leader Greg Walden, et. al., to Florida, et. al. (Sept. 19, 2019), *available at* <https://republicans-energycommerce.house.gov/news/letter/letters-to-states-on-use-of-federal-funds-to-respond-to-opioid-crisis/>.

assessed the resources devoted to the issue, and submitted recommendations, which resulted in an action plan that now serves as a blueprint for Massachusetts to address the opioid epidemic. Massachusetts' response notes that "[t]he federal funds, combined with a significant increase in state funding, have allowed a comprehensive system change effort across the state to address the opioid crisis in a data-driven, evidence-based, and compassionate manner."³⁸

The Massachusetts' Department of Public Health estimates that from 2017 to 2018 there was a one percent decrease in the rate of opioid-related overdose deaths, which follows a three percent decrease in the rate of opioid-related overdose deaths from 2016 to 2017. Further, preliminary data indicates that for the first six months of 2019, there was an 11 percent decline in opioid-related overdose deaths compared to the first six months of 2018.

In addition to these promising trends, Massachusetts has taken measures to improve prevention and treatment. For example, Massachusetts is "creating entirely new programs like the first-in-the-nation law limiting first-time opioid prescriptions to seven days."³⁹ In addition, "Massachusetts is participating in a pilot to develop a public-facing quality measurement system that provides information about addiction treatment providers at the site level."⁴⁰

ii. North Carolina

North Carolina saw its first decline in opioid-related overdose deaths in five years, decreasing by nine percent from 2017 to 2018.⁴¹ In addition, since launching North Carolina's Opioid Action Plan—a "statewide strategic plan to turn the tide on this deadly crisis and support counties and communities on the front line"—the state has seen a ten percent decrease in opioid-related overdose emergency department visits, and a 20 percent increase in the number of people without health insurance and Medicaid beneficiaries receiving treatment for OUD.⁴² Further, since the launch of the state's Action Plan in 2017, dispensing of buprenorphine has increased 15 percent statewide.⁴³

North Carolina has piloted innovative programs to address the epidemic, including placing peer support specialists in emergency departments to connect overdose survivors to treatment and recovery supports when they are discharged. In addition, the state has been able to support its first medication-assisted treatment (MAT) programs for individuals who are incarcerated, including four county jails and three prison re-entry facilities. Further, four North Carolina counties recently launched an EMS based MAT induction program in which EMS personnel engage people in the field and connect them to long term care.⁴⁴

³⁸ Response from Massachusetts, to H. Comm. on Energy & Comm. Sept. 19, 2019 Letter (on file with the Committee).

³⁹ *Id.*

⁴⁰ *Id.*

⁴¹ Response from North Carolina, to H. Comm. on Energy & Comm. Sept. 19, 2019 Letter (on file with the Committee).

⁴² *Id.*

⁴³ *Id.*

⁴⁴ *Id.*

iii. Pennsylvania

In January 2018, Governor Tom Wolf established a disaster declaration and setup a 17 state-agency-led Opioid Command Center. According to data from Pennsylvania's coroners and medical examiners, from 2017 to 2018, the state had an 18 percent decrease in overdose deaths.⁴⁵ Pennsylvania attributes this decrease to 1) increased naloxone awareness, access, and distribution; 2) warm hand-off implementation; 3) building the system for the long-term, including expansion of MAT; and 4) the Get Help Now Hotline.

Through a combination of state and federal funding, Pennsylvania distributed nearly 13,000 naloxone kits free of charge across three days in December 2018 and September 2019.⁴⁶ In addition, federal funding has helped establish local warm hand-off protocols between emergency departments, county drug and alcohol authorities, and supportive services. Lastly, with the support of federal funding, the state has hosted a Get Help Now hotline since November 2016, which has fielded over 49,000 calls and provided nearly 20,000 warm-line connections to treatment and supportive services.⁴⁷

iv. Rhode Island

In 2016, prior to the distribution of most of the federal grants, Rhode Island ranked fourth in the nation for overdose deaths per capita.⁴⁸ However, between 2017 and 2018, Rhode Island saw a six percent reduction in deaths, and the state went from being ranked fourth, to tenth in the nation. The state's response noted that the federal funds provided to Rhode Island have helped change the state's treatment system and/or led to a reduction in overdose deaths by improving data and surveillance, expanding treatment capacity, and supporting innovations in the delivery of treatment.

Innovations in the delivery of treatment in Rhode Island include implementation of telehealth systems linking individuals to MAT; creation of new partnerships between the community and law enforcement, such as the Hope Initiative; and implementation of a centralized triage center for behavioral health crises, BH Link. BH Link offers 24/7 behavioral health access to treatment via walk-in services or the opportunity to call into a 24/7 bilingual treatment referral line. Additionally, Rhode Island has expanded its recovery community centers from two to seven and the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals has contracted to utilize a mobile "Rhode to Health" treatment unit that travels throughout the state to assist people in rural areas who do not normally have access to care.

Rhode Island was one of the first states to offer all three FDA-approved MATs within its prison system to individuals with an OUD, and the state's Corrections to Community program

⁴⁵ Response from Pennsylvania, to H. Comm. on Energy & Comm. Sept. 19, 2019 Letter (on file with the Committee).

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ Response from Rhode Island, to H. Comm. on Energy & Comm. Sept. 19, 2019 Letter (on file with the Committee).

serves those who are leaving prison or already on probation or parole.⁴⁹ The Corrections to Community program has reduced the overdose deaths of individuals released from Rhode Island's adult correctional facilities by 62 percent in the first year.

v. West Virginia

In 2010, West Virginia became the state with the highest rate of overdose deaths and has continued to lead the nation in overdose deaths with its highest rate of 53.6 in 2017.⁵⁰ West Virginia also leads the nation in neonatal abstinence syndrome (NAS), with 4.9 percent of infants born in 2018 diagnosed with NAS and 14.3 percent of infants who were exposed to drugs (illicit or prescribed) during the prenatal period.⁵¹ Despite these figures, West Virginia's overdose rate is starting to improve, with a projected six percent decrease in overdose deaths in 2018.⁵²

In 2017, the West Virginia Legislature created the Office of Drug Control Policy via the West Virginia Drug Control Policy Act, to coordinate, support, and improve the state's response to substance use issues. Additionally, West Virginia has made use of the federal and state funds by increasing access to Naloxone, creating a statewide deployment strategy; increasing recovery services; funding a statewide chapter of the National Alliance of Recovery Residences to promote stronger, more consistent recovery housing options; and funding residential treatment centers that accommodate mothers and their children.

As a result of its efforts, West Virginia has seen a 35 percent decrease in both opioid prescriptions and opioid doses dispensed between 2014 and 2018; between 2017 and 2019 the number of buprenorphine prescribers increased by 140 percent and naloxone prescribing increased 140 percent from 2017 to 2018 and continues to show increases.⁵³ Additionally, West Virginia's Drug Free Mom and Babies Program—a wrap-around, comprehensive treatment program established in 2012 for pregnant women—has been expanded from the original four sites to a total of 15 sites, with State Targeted Response (STR) funding leading the expansion.⁵⁴ As a result of this expansion, there is now a program in 63 percent of the birthing facilities.

Innovative ideas in West Virginia include the state beginning to bring MAT into jails, and a 20-bed correctional unit being established as an alternative to a court-ordered prison term for individuals with a substance use disorder who choose to participate in a long-term MAT program. Additionally, Quick Response Teams are used to engage people who have recently experienced overdoses with services and support in 20 of the highest need communities. The state has also created a website to share resources, events, and educational information related to the drug crisis in the state, and a 24/7/365 statewide call line is available to help people seeking assistance access for all levels of treatment and recovery. Finally, in addition to the 1115 SUD

⁴⁹ *Id.*

⁵⁰ Response from West Virginia, to H. Comm. on Energy & Comm. Sept. 19, 2019 Letter (on file with the Committee).

⁵¹ *Id.*

⁵² *Id.*

⁵³ *Id.*

⁵⁴ *Id.*

Waiver that allows Medicaid-funded transportation to treatment via the non-emergency medical transportation provider, with SOR funding, West Virginia has partnered with the West Virginia Public Transit Authority to offer after hours transportation and expanded route access to cover more rural areas to assist individuals accessing treatment and recovery services.

Challenges That States are Facing

While states have had success in combatting the epidemic through lowering the opioid-related overdose death rates and developing and implementing innovative ideas to improve prevention and treatment, states did note some ongoing challenges and barriers that still exist. For example, a lack of a qualified workforce and infrastructure was cited as causes for delays in allocating federal funds and program implementation. In addition, states expressed challenges with short funding cycles, noting that it becomes difficult to recruit and hire qualified staff, deploy the funds, and execute projects in such a short period of time. Further, the short funding period can make staff and providers weary of accepting and utilizing the funds due to the uncertainty as to whether the funds, or additional funds, will continue to be made available in the future.

Additionally, states noted that they do not have the flexibility to use federal funds to address emerging challenges when the federal funding is restricted to addressing opioids. States expressed that it would be beneficial if federal funding permitted flexibility to support services and programming that was inclusive of opioids and other substances such as alcohol, cocaine, and methamphetamine.

Finally, states receive federal funding to address the opioid epidemic from multiple federal partners with varying funding requirements and timelines for use, which can make it difficult to integrate grant dollars into a cohesive, state-wide strategy.

As a result of some of the challenges mentioned, the states noted additional resources that would be useful as they continue to combat the opioid epidemic. Some of these resources include: flexible, long-term, and sustainable federal funding; changes to regulations regarding naloxone to make it more readily available; improving access to fentanyl testing; removing statutory and regulatory barriers to MAT, allowing it to be regulated more similarly to other chronic disease treatments; continuing to foster public awareness and combatting the stigma associated with substance-use disorder; examining ways to expand and promote workforce capacity and proficiency; and increasing investment in evidence-based prevention activities.

As illustrated in the sample of states above, the federal funding provided to states has had a measurable and positive impact, bolstering the states' efforts to combat the opioid epidemic. However, while opioid-related overdose death rates have started to decrease, challenges remain, and states continue to need additional resources. Therefore, it is critical that Congress continue to conduct oversight of this critical public health issue.